

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028192

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4040

STATE FILE NUMBER

FILED AUG 6 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

c. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
1 yr. 11 mo. 10 da

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Kansas City Tb.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

c. CITY
OR TOWN Kansas City

(If outside, give location)

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

3835 E. 71st

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Agnes

Buckleigh

4. DATE
OF DEATH

Month

Day

Year

July

18

1963

5. SEX

Fe.

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-27-1878

9. AGE (last birthday)

84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

Scotland

11. BIRTHPLACE (City and state or country)

U.S.A.

13a. FATHER'S NAME

William Bone

13b. MOTHER'S MAIDEN NAME

Mary Allison

14. NAME OF HUSBAND OR WIFE

Mrs. Robt. Hamilton 5122 Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Robt. Hamilton 5122 Harris

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-11-1961 to 7-18-1963 and last saw her alive on 7-18-1963

Death occurred at 2:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. B. Buckinghame

(Degree or title)

22b. ADDRESS

1100 N. C. Mo.

22c. DATE SIGNED

7-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7-18-63

23c. NAME OF CEMETERY OR CREMATORY

Sunnyslope

23d. LOCATION (City, town, or county)

Richmond, Mo.

24. FUNERAL DIRECTOR

THURMAN FUNERAL HOME

25. DATE RECD. BY LOCAL REG.

Richmond, Mo. 7-18-63

26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

W. B. Buckinghame

DATE AMENDED

VS 300
Rev. 4/59

1

2 3 8.99

3

4 1

5 2

6

7 2

8 0

9002.1

10

11

12 3.0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest D. Goldenow

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.